

REQUEST FOR SHIELDING RECOMMENDATION BY MEDICAL PHYSICIST

Facility Information:	Physical Location	Mailing Information (if different than physical location)	Billing Information
Facility Name:			
Address:			
City, State, Zip:			
State X-ray Registration #:			
Phone Number:			
Fax Number:			
Email:			
Contact:			
DEADLINE FOR PROJECT (by what date do you need the completed plan?): _____			

**TYPE OF EQUIPMENT
(FILL OUT SEPARATE FORM FOR EACH UNIT)**

- | | | |
|---|---|---|
| <input type="checkbox"/> Radiographic | <input type="checkbox"/> Fluoroscopic | <input type="checkbox"/> Rad/Fluoro |
| <input type="checkbox"/> Angiography (Specials) | <input type="checkbox"/> Cardiac Catheterization | <input type="checkbox"/> Stationary C-Arm |
| <input type="checkbox"/> Mammography | <input type="checkbox"/> Stereotactic Biopsy Unit | <input type="checkbox"/> Bone Densitometry*** |
| <input type="checkbox"/> Single-Slice CT*** | <input type="checkbox"/> Multi-Slice CT*** | <input type="checkbox"/> Other: |

TYPE OF CONSTRUCTION (check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> New Facility | <input type="checkbox"/> New Construction | <input type="checkbox"/> Existing Room |
| <input type="checkbox"/> Unit Replacement | <input type="checkbox"/> Other: | |

EQUIPMENT INFORMATION***

Manufacturer: _____	Model: _____
Max Operating kVp: _____	Average Operating kVp: _____
Max Continuous Rated Tube Current (mA): _____	For Fluoroscopy Unit, Maximum II Size: _____

WORKLOAD INFORMATION

Number of Patients per 40 hour week: _____

Additional Info For CT Only: Head: _____ /week Abdomen: _____ /week

*****FOR CT & BONE DENSITOMETRY UNITS – ATTACH SCATTER DIAGRAMS (SEE NEXT PAGE FOR EXAMPLES)**

ROOM INFORMATION

Room #: _____ Floor Level (Basement, 1st, 2nd, etc.): _____

Room Height (from concrete slab of ceiling to concrete slab of floor): _____

Occupancy above room (i.e., roof-sky, corridor, lab, x-ray room, etc.): _____

Occupancy below room (i.e., slab-on-grade, doctor office, storage, etc.): _____

EXISTING (OR PLANNED) BUILDING MATERIALS

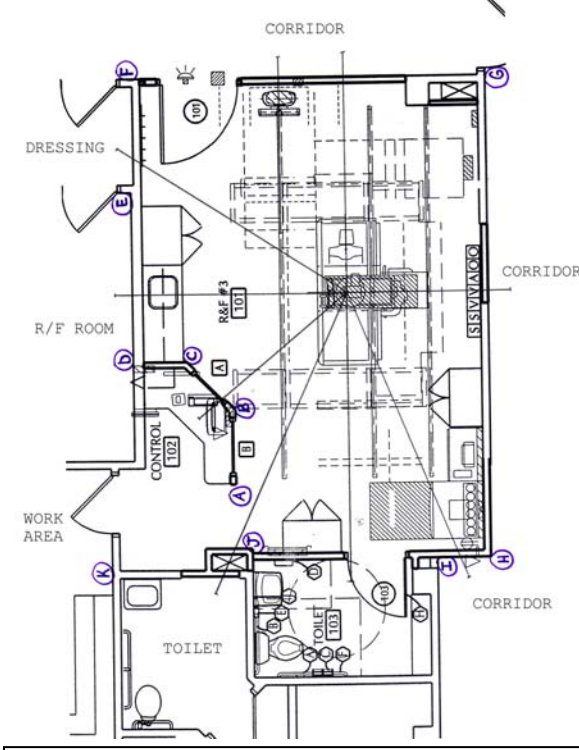
Minimum thickness of concrete floor slab: _____

Minimum thickness of concrete ceiling slab: _____

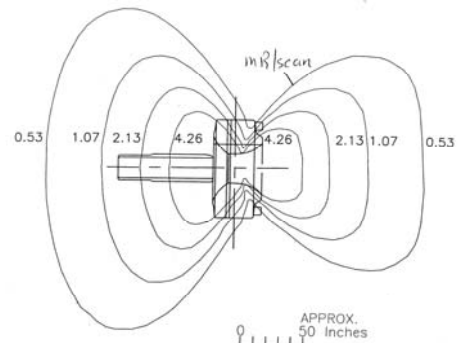
Existing Shielding in Walls (i.e., 1/16" lead, 4" hollow concrete blocks, etc.): _____

FLOOR PLAN INFORMATION

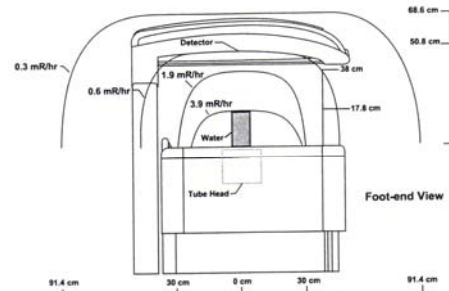
- Floor plan of room showing equipment location
- Scale or dimension on drawing to adjust documents
- Description of all areas around the x-ray room (i.e., type of space: office, exterior (what floor), restroom, dressing room, break room, exam room, film reading room, corridor, waiting, etc.)
- MUST indicate the following within x-ray room/control room (*as applicable*):
 - (1) Location of control panel and control switch, (2) view window, (3) patient table, (4) x-ray machine, (5) chest/wall bucky, (6) doors & windows, (7) film passboxes, (8) darkroom, (9) location of film bin
 - (9) other pertinent info _____



Room Layout Example



CT Scatter Plot Example



Bone Density Scatter Example